



EXEMPTION REQUEST

Department of State

Division of Charitable Solicitations
 312 Eighth Avenue North
 8th Floor, William R. Snodgrass Tower
 Nashville, TN 37243
 (615) 741-2555

INSTRUCTIONS: (1) Complete Part A; (2) Complete **only one** section in Part B; (3) Attach all required documents (*failure to do so may result in the denial of your request*); (4) Two authorized officers must sign the form in the presence of a Notary Public; and (5) Return the form to the Division of Charitable Solicitations.

PART A:

Name of Organization: _____ FEIN: _____

Physical Address: (Street) _____ (City) _____ (State) _____ (Zip) _____

Mailing Address (if different): (Street) _____ (City) _____ (State) _____ (Zip) _____

Telephone Number: (____) _____ Fax Number: (____) _____ Email Address: _____

If you solicit contributions under any name(s) other than shown above, indicate name(s) below:

(Name) _____

(Name) _____

Have you applied to the IRS for tax exemption? Yes ☐ (*Attach IRS Letter of Determination or Application*) No ☐

Mission Statement: _____

PART B:

Section 1: ANNUAL GROSS REVENUE FROM THE PUBLIC LESS THAN \$30,000

- ☐ Organization has not begun fundraising activities and does not intend to receive more than \$30,000 in gross revenue from the public during a fiscal year. (*Attach proposed budget for fiscal year.*)
- ☐ Organization did not receive more than \$30,000 in gross revenue from the public during its last fiscal year. (*Submit copy of recently filed IRS Form 990 or complete attached "Summary of Financial Activities" form.*)

Note: You must register with the Secretary of State within thirty (30) days if gross contributions from the public during any fiscal year exceed thirty thousand dollars.

Section 2: RELIGIOUS ORGANIZATIONS

- ☐ **Ecclesiastical or Denominational Organizations or Churches**
1. Are you exempt from federal income tax? ☐ Yes ☐ No
 2. Are religious services and activities held on a regular basis? ☐ Yes ☐ No
 3. Are you required to file the IRS Form 990 if revenue exceeds \$25,000? ☐ Yes ☐ No

- ☐ **Integral Affiliated Organizations**
1. Are you exempt from federal income tax? ☐ Yes ☐ No
 2. Are you affiliated with an IRS §501(c)(3) organization? ☐ Yes ☐ No
 If yes, name of organization: _____
 3. Are you required to file the IRS Form 990 if revenue exceeds \$25,000? ☐ Yes ☐ No
 (*Attach copy of the IRS Determination Letter*)
 4. Does more than 50% of your support come from the organization with which you are affiliated? ☐ Yes ☐ No

- ☐ **Organization is soliciting contributions for the construction and maintenance of a house of worship or clergyman's residence.**

Section 3: VOLUNTEER FIRE DEPARTMENT, RESCUE SQUAD OR LOCAL CIVIL DEFENSE ORGANIZATION

☐ Volunteer Fire Department ☐ Rescue Squad ☐ Local Civil Defense Organization

Section 4: EDUCATIONAL INSTITUTIONS

- ☐ Organization is fully accredited educational institution operating exclusively for educational purposes.
Answer the following questions:
1. Are you organized and operated exclusively for educational purposes? ☐ Yes ☐ No
 2. Do you normally maintain a regular faculty and curriculum? ☐ Yes ☐ No
 3. Do you have a regularly enrolled body of pupils or students in attendance at the place where your educational activities are regularly carried on? ☐ Yes ☐ No
 4. Is the organization accredited by a recognized accrediting agency? ☐ Yes ☐ No
(If "yes", please provide name of accrediting agency: _____).
- ☐ Organization is composed of parents of students and other persons connected with an accredited educational institution, which is operated for the purpose of conducting activities in support of the educational institution.
- ☐ Organization is a private foundation which solicits contributions exclusively for an accredited educational organization.
- ☐ Organization is a co-operative scholarship corporation.
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SIGNATURES

We certify that the information furnished in this Request for Exemption (and all continuation sheets) is true and correct to the best of our knowledge.

<div style="display: flex; justify-content: space-between;"><div>Signature of Authorized Officer</div><div>Date Signed</div></div> <div style="border-top: 1px solid black; margin-top: 10px; text-align: center;">Print Name (Clearly)</div> <div style="border-top: 1px solid black; margin-top: 10px; text-align: center;">Title</div> <div style="text-align: center; margin-top: 10px;">NOTARY SEAL</div> <div>Sworn to and subscribed before me (or to me personally known) at:</div> <div style="border-top: 1px solid black; margin-top: 5px; text-align: center;">(County and State)</div> <div style="margin-top: 10px;">This the ____ day of _____ 200__</div> <div style="border-top: 1px solid black; margin-top: 10px; text-align: center;">Signature of Notary Public</div> <div style="margin-top: 10px;">My Commission Expires: _____</div>	<div style="display: flex; justify-content: space-between;"><div>Signature of Authorized Officer</div><div>Date Signed</div></div> <div style="border-top: 1px solid black; margin-top: 10px; text-align: center;">Print Name (Clearly)</div> <div style="border-top: 1px solid black; margin-top: 10px; text-align: center;">Title</div> <div style="text-align: center; margin-top: 10px;">NOTARY SEAL</div> <div>Sworn to and subscribed before me (or to me personally known) at:</div> <div style="border-top: 1px solid black; margin-top: 5px; text-align: center;">(County and State)</div> <div style="margin-top: 10px;">This the ____ day of _____ 200__</div> <div style="border-top: 1px solid black; margin-top: 10px; text-align: center;">Signature of Notary Public</div> <div style="margin-top: 10px;">My Commission Expires: _____</div>
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OFFICIAL USE ONLY

Auditor/Reviewer Initials: _____ Date Reviewed: _____
Documents Attached: _____
Comments: _____

